State of Maryland
Health and Human Services
Referral Board Business Plan
to Implement a 2-1-1 System in Maryland
April 2006

“Because of *2-1-1 Maryland*, it will be easy to access information about health and human services and critical incidents.”

April 2006

The State of Maryland Health and Human Services Referral Board is pleased to provide this plan to implement "*2-1-1 Maryland*", a statewide 2-1-1 system to give Marylanders the easy access they need to information about health and human services and critical incidents. Currently, 2-1-1 systems are in place serving over 137 million Americans, or 46% of the United State's population in 32 states, the District of Columbia and Puerto Rico. **Although behind much of the country, Maryland has the opportunity to not only catch up but to leap ahead to become a national leader in providing this service to citizens.**

The State of Maryland enjoys many riches. It is located in the very desirable mid-Atlantic area of the country and is part of the national capital region. It is home to many of the leading businesses in the country and the world. It enjoys the second highest per capita income in the country. People from around the country and the world want to live here.

Yet, despite the riches, Maryland has vulnerabilities. Many Marylanders, regardless of their socio economic status, have limited knowledge on how to readily access health and human services they may need. The result: citizens forego getting the health and human services they need or experience delays in access that impact the effectiveness of the services they receive.

Furthermore, Maryland is at risk for natural or manmade disasters like any area of the country. There have been several high profile natural disasters nationally, must notably the hurricanes affecting Florida, Mississippi and Louisiana, where regional 2-1-1 systems played a major role in recovery efforts. What may not seem as apparent is that Maryland has had similar major incidents over the last few years, including Hurricane Isabel, the La Plata tornado and the Baltimore train tunnel fire. For these incidents and others, Maryland did not have the communications infrastructure that a 2-1-1 system provides to communicate to citizens rumor-controlled information on an ongoing basis during recovery efforts.

This plan offers a unique "two for one" opportunity. By implementing the proposed system, Maryland will revolutionize access to health and human services information, simplifying the maze of 500+, 10-digit numbers down to one memorable, number "2-1-1" and stand ever ready during critical incidents as a key partner to first responders and other agencies involved during recovery periods as a reliable source of information for the public.

The Health and Human Services Referral Board looks forward to working with Governor Robert L. Ehrlich, Jr., the General Assembly, United Way and other public and private partners throughout the state to bring 2-1-1 services to Maryland.

David McDonald
Chairman

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CSCG
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EXECUTIVE SUMMARY

Proposal

This plan proposes that the State of Maryland develop and implement a telephone and internet based information and referral service to provide information for its citizens regarding health and human services and emergency incidents. Referred to nationally as a 2-1-1 system, a new entity, *2-1-1 Maryland*, will be responsible for providing the service for Maryland.

Background

In July 2000, the Federal Communications Commission designated the telephone number 2-1-1 for the exclusive purpose of providing widespread access to community information and referral services and providing information important in preparing for and recovering from natural and man-made disasters. As of November 2005, there were 171 active 2-1-1 systems operating in all or part of 32 states, the District of Columbia and Puerto Rico, reaching more than 137 million Americans, some 46% of the U.S. population.

The State of Maryland Health and Human Services Referral Board, created through bi-partisan action of the Governor and the General Assembly in 2004, was charged with the responsibility for developing a business plan to establish the three-digit number, 2-1-1, as the primary information resource and referral telephone number for health and human services in the state.

Why 2-1-1 in Maryland

"It is as if we hide information on purpose"

Maryland is behind much of the nation in providing a 2-1-1 system. As a result:

- Citizens have difficulty finding the services they need.
- There is no coordinated and visible system to provide ongoing (for days, weeks, months) updated information during recovery periods following natural or man-made disasters; and,
- A 2-1-1 system in Maryland provides the opportunity to improve the delivery of these types of information and referral services statewide.

2-1-1 Maryland will be:

- **A simple, easy to remember, accessible 24/7/365 link** to connect people efficiently and effectively to appropriate services. It cuts through confusion about complex human services and provides a centralized way to publicize, explain and help people locate the programs and services they need;
- **A partner in homeland security and emergency management** providing citizens easy access to the information they need during emergency events and recovery periods;
- **A partner with state government** in helping to create greater efficiencies in the delivery of health and human services;
- **A barometer for identifying needs** or gaps in service and communicating them to public and private decision-makers and funders; and
- **A way to give help –** an easy point of contact for citizens interested in volunteering in support of health and human services or emergency events.

Based on this vision, the major elements of *2-1-1 Maryland* are:

- **2-1-1 services 24/7/365** - 2-1-1 services include telephone, Internet and print resources to make information available.
- **A public-private partnership** - *2-1-1 Maryland* will be organized as a not-for-profit 501(c)(3) organization governed by a board of directors representing state government, major non-profit organizations, private philanthropy and the community.
- **A state-of-the-art communications system** – featuring three major interlocking technology components:
  - A **resource database** that will be the most comprehensive up-to-date listing of health and human services in the state, including those provided by nonprofit organizations and by government at all levels.
  - A **statewide telephone system** directing land or cellular callers to one of five regional call centers (Eastern Shore, Central Maryland, Western Maryland, National Capital Region-North and the National Capital Region-South / Southern Maryland) located throughout the state. The call centers will be staffed by nationally certified information and referral specialists who will guide callers to define their needs and connect them with appropriate community resources.
  - A **website** providing access to the resource database for those who prefer to seek health and human services information via the Internet.
- **A central office** - led by a full time executive director to coordinate system-wide functions – resource development (fund-raising, government relations and business development), marketing, database and web management, system development and technical support.
- **System capacity to serve 450,000 calls each year** – using national call rates based on populations served, call volumes are projected to reach 450,000 calls by year 3 and over 2 million calls over the first five years of operation.

The Cost to Implement *2-1-1 Maryland*

The first year start-up and operating cost are projected to be $3.7 million with a net cost of $19 million over the first five years of operation – or from a total expense basis, an average of $0.87 per year for each Marylander. This compares very favorably to the national experience where the cost range per person is $1.00 - $1.50 per person per year. It is assumed that there is a significant opportunity to leverage existing state infrastructure to reduce the cost of the system. More in-depth technology assessments will be required in collaboration with key state departments. Developing sustained, predictable sources of funding will be essential for success.

The Benefits of 2-*1-1 Maryland*

2-1-1 Maryland will:

- **Be a single access point for information and referrals** that is easy, visible, and non-judgmental;
- **Increase efficiency** by helping callers clearly define their needs and pointing them to the best places to seek help, reducing misdirected calls to agencies;
- **Provide a ready resource for service providers** referring their current clients to additional services available from other providers and for human resource professionals to assist their organization's employees;

- **Relieve the burden of misdirected calls to 911 and 311 call centers**, particularly after normal business hours, and by also by being available as an outlet for statewide dissemination of rumor-controlled information during emergencies, and helping expand the capacity of emergency management agencies by assisting in handling calls from the public;
- **Identify needs and gaps in services** that can help elected and appointed policy-makers and public and private funders make better decisions and more effectively plan for the future; and,
- **Help people connect with opportunities to volunteer** their time and talent, thus helping to strengthen the fabric of community life.

As a result of a fully integrated, state-wide 2-1-1 system:

Outcomes of *2-1-1 Maryland*

- **Individuals will be better able to manage their own lives** because they have access to the information and tools they require to find and make decisions about the support they need;
- **Service providers will have an expanded knowledge of statewide resources** to help them better serve their constituents;
- **Service gaps and emerging needs will be better known** by public and private policy makers and funders;
- **Government will have access to a *proven*, 24/7/365, multilingual system** to help increase its efficiency and effectiveness in addressing the needs of citizens; and
- **Constituent service by public officials will be improved**, giving constituents a better able to connect with the services they need in cost-effective and responsive ways.

2-1-1 FOR MARYLAND – *WHAT IS IT?*

Background

"2-1-1" is the three digit dialing code designated in 2000 by the Federal Communications Commission to provide widespread public access to community information and referral services. In response, there has been a widespread effort nationally to develop statewide or regional "2-1-1 systems". Where in place, 2-1-1 systems are as well known as 911 is for emergencies.

2-1-1 Maryland will be an information resource that will be built on what has proved to be the most cost-efficient model for a statewide system:

- Regional call centers;
- An integrated, comprehensive statewide database of community resources;
- A highly visible web site; and,
- A small central office providing marketing, resource development and management support to the entire system.

2-1-1 Maryland will be:

- **A simple, easy to remember, accessible 24/7/365 link** to connect people efficiently and effectively to appropriate services. It cuts through confusion about complex human services and provides a centralized way to publicize, explain and help people locate the programs and services they need;
- **A partner in homeland security and emergency management** providing citizens easy access to the information they need during emergency events and recovery periods;
- **A partner with state government** in helping to create greater efficiencies in the delivery of health and human services;
- **A barometer for identifying needs** or gaps in service and communicating them to public and private decision-makers and funders; and
- **A way to give help –** an easy point of contact for citizens interested in volunteering in support of health and human services or emergency events.

The V**ision** for 2-1-1 Maryland is clear: **Maryland will be a state where it is easy to access information on health and human services and critical incidents.**

2-1-1 Maryland will be the most recognized, used, and comprehensive source of essential community resource information in the state, delivering highly efficient, cost-effective access to information using technology-based solutions.

The M**ission** of *2-1-1 Maryland* is to be a statewide resource always available by telephone and internet to connect citizens to health and human resources at any time, a resource for government officials to make information available to Marylanders in the event of natural disasters or man-made incidents and a way for Marylanders to connect with opportunities to offer help to others.

The **values** and principles that will guide *2-1-1 Maryland* are:

- ***Availability and accessibility***. Services will be available to callers whenever they choose to call or log on. Services will be accessible to everyone and will be available by telephone, TTY, directories, and the Internet.

- ***Reliability, accountability and consistency.*** Using an information and referral standards-based approach such as provided by the Alliance of Information and Referral Systems, *2-1-1 Maryland* will develop and implement systemwide performance measures to ensure reliable, accurate, and consistent service.
- ***Privacy.*** Personal identifying information will be used only for purposes agreed to by the callers.
- ***Self-Determination.*** Every caller has the right to determine what their needs are and to choose what services they want or don't want to access. Callers will be provided with the fullest range of service options available to meet their needs in a manner that respects their personal values, delivered to them in a fair, non-judgmental, and unbiased manner.
- ***Efficiency***. We will strive for maximum efficiency on multiple levels by:
    - Leveraging existing infrastructure whenever possible;
    - Minimizing or eliminating duplication or unnecessary redundancies;
    - Achieving a high level of integration among the system call centers;
    - Referring callers to the right agency resources correctly the first time; and,
    - Being willing and available to support additional information and referral service needs by public and private agencies.

Since 2000, the statewide 2-1-1 Task Force, led by the State Association of United Ways, has been in place, laying the groundwork for implementing a 2-1-1 system in Maryland. The value of 2-1-1 was reaffirmed by the General Assembly through House Bill 981 adopted in the 2004 Regular Session which created the Health and Human Services Referral Board. The purposes of the bill are to "establish the three-digit number, 2-1-1, as the primary information and referral telephone number for health and human services in the state; and, establish a board to oversee the pilot programs and study the orderly installation, maintenance and operation of a statewide health and human services referral system in the state." Governor Ehrlich signed the bill into law (Maryland Chapter 390) and subsequently appointed the current 16-member Board.

In February 2005, the Board began an intensive planning process with the goal of completing a new business plan in time for the 2006 Legislative Session. The Plan was delivered to Governor Ehrlich on December 28, 2005. After a preliminary review, and in consultation with the offices of the Chairmen of the Senate Finance Committee and the House of Delegates Health and Government Operations Committee, the Board was asked to further study key aspects of the plan, most notably the financial projections. The result of that work is this updated business plan.

FINANCIAL SUMMARY – *WHAT WILL IT COST?*

The estimated cost of *2-1-1 Maryland* for year 1 is $3.7 million, which includes $800,000 of one-time start-up expenses. Over the first five years of its operation as a fully integrated statewide system the total expense to operate the system is $24.5 million – or an average of $0.89 per year for each Marylander. This compares very favorably to the nationwide average of $1.00 - $1.50 per person per year. The expense for Maryland is projected to be even less because of expected commitments from the State's United Ways and other private funding sources to provide a minimum of $1 million in funding support each year.

This budget also reflects the cost efficiencies realized because *2-1-1 Maryland* will be built on the infrastructure of existing information and referral agencies throughout the state. Start-up costs are focused on upgrading the technology infrastructure of the regional centers and putting in place the systemwide functions to be performed out of the central office.

Nationally, call volume experience and projections are typically expressed as a percentage of the total population being served. 2-1-1 systems typically target a 6%-8% range with many moving to 8%-10%. For Maryland, 8.1% is projected, resulting in 448,200 calls by year 3 (state population 5.53 million x 8.1% = 448,200 calls). Over the first five years 2-1-1 is projected to handle 2.1 million calls. Similar to the cost per year for each Marylander above, the projected per call cost of $14.33 compares favorably with other states, particularly ones in which, like Maryland, many of the call centers also handle mental health crisis calls.

Funding options

Three basic funding options were considered: 100% private funding; 100% public funding or a combination of both. Nationally, the sources of funding have varied widely. The extremes include Connecticut, where 85%+ of the funding comes from the state, and the metropolitan area of Atlanta, Georgia, where 95% of the funding comes privately from the United Way. Most 2-1-1 systems are a mix of both public and private funding.

For Maryland, a combination of public and private funding is proposed. This plan proposes that 76% of the funding in year one come from state government and 24% come from private sources such as United Ways and private foundations. This percentage of public funding is typical although in the higher range when compared to other systems nationally. For the public funding component, the options for state government to provide the funding include the following:

- ☐ **Direct appropriation in the State Budget**
  The Governor, with support from the General Assembly, could provide funding as a line item budget in an appropriate department or agency.

- ☐ **Existing or new fee**
  Existing fees already charged to residents could be reapportioned or a new fee could be developed.

- ☐ **Cost savings for state government departments and agencies**
  For many 2-1-1 systems nationally, they provide a new information and referral infrastructure that serves to provide a much more efficient approach for providing the myriad of information and referral services that state governments must provide. It is clear that the opportunity for

savings exists in Maryland. However, pursuing this option as a source of funding will be more achievable in subsequent years given the complexity of state government and the multiple departments and agencies that are involved.

It is essential that a sustained, predictable funding plan be developed for the entire *2-1-1 Maryland* system. Similar to other states, Marylanders will come to rely on 2-1-1 as they do on 9-1-1. The proposed public-private partnership approach creates the opportunity to attract a mix of public and private funding – from state government, United Way, private foundations, business and local funding obtained by the regional call centers. A coordinated effort of all of the stakeholders, using a bi-partisan approach led by Governor Ehrlich's administration and the General Assembly, can result in the commitment for core funding from state government that, in turn, will leverage the significant private sector support needed.

5 Year Cost Projections

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Projected Call Volume	311,750	380,530	448,200	470,440	493,960	2,103,680
Central Maryland	$1,098,165	1,276,601	1,465,389	1,549,816	1,626,389	7,016,360
Western Maryland	386,680	436,164	485,582	513,014	529,577	2,351,017
National Capitol Area (North)	556,337	651,595	741,910	776,246	804,166	3,530,254
National Capitol Area (South)	787,315	864,163	940,986	969,444	1,007,344	4,569,252
Eastern Shore	363,664	408,781	451,545	466,567	489,652	2,180,209
Total, Regional Call Centers	3,192,161	3,637,304	4,085,412	4,275,087	4,457,128	19,647,092
System-wide Expenses	671,875	710,100	859,905	877,210	895.375	4,014,465
Start-Up	800,000					800,000
Expense Total	**$4,664,036**	**$4,347,404**	**$4,945,317**	**$5,152,297**	**$5,352,503**	**$24,461,557**
United Way plus						
Private contributions	**$1,000,000**	**$1,000,000**	**$1,000,000**	**$1,000.000**	**$1,000,000**	**$5,000,000**
Net Expense	**$3.664.036**	**$3,347,404**	**$3,945,317**	**$4,152,297**	**$4,352,503**	**$19,461,557**

The financial analysis includes preliminary cost projections for the major technology components related to the telephone system, database and internet based on 2-1-1 experiences in other parts of the country. There is also a significant opportunity to reduce cost by evaluating the potential to leverage the state's existing infrastructure. More in-depth technical assessments will be required in collaboration with key state departments to determine specifically what technology resources will be required and how best to provide them.

Detailed financial projections and the assumptions underlying those projections can be found in Appendix D.

THE NEED FOR 2-1-1 – *WHY DOES MARYLAND NEED IT?*

Overview

Why is 2-1-1 critically important to the people of Maryland?

Like all states, Marylanders are affected by changing economic conditions that often increase uncertainty and vulnerability. Unlike most states, Maryland is located in the National Capital Region, which creates unique homeland security and emergency management challenges. *2-1-1 Maryland* will assist Marylanders with these challenges, which include the following:

- ***Maryland lags well behind much of the country***
  Although work on 2-1-1 began in Maryland in 2000, Maryland trails much of the country in getting 2-1-1 established. Other states and regions have been more aggressive in recognizing the benefit and moving forward. (See Appendix C for full background on the development process.)
- ***It is a major challenge for people to learn about and connect with services that are available.***

  Whether it is related to economic dislocation, aging, unanticipated life changes or illness, the process through which people get connected to help can be confusing, frustrating, inefficient, and stressful.

  Maryland has many nonprofit and governmental service organizations prepared to help, but the large number of providers can make it difficult for the average citizen to find the right place quickly. There are more than 135 nonprofit-based specialized information and referral services in Maryland plus hundreds of toll-free numbers for government agencies. Some services respond to most requests; others respond only for certain types of problems or only for specific geographic areas. It is often difficult to find the right resource without repeated calls. For those comfortable with using the Internet, the search may be even more daunting as they search through seemingly endless potential resources to find the one that fits their needs.
- ***Greater attention is being paid to homeland security and emergency management at both the state and local levels.***

  As an integral part of the National Capital Region which includes the Port of Baltimore in central Maryland, the Chesapeake Bay and the Eastern Shore, and Camp David and other national security installations in the south and the west, Maryland is planning for an all-hazards environment, where Maryland needs to be prepared for new threats such as chemical or biological weapons. The state also must be better prepared for natural disasters, for unintentional manmade events and for outbreaks of disease. The threat of an avian flu pandemic is only the latest example of these kinds of threats.

  A coordinated statewide telephone and web-based communications capability is an essential component of an overall plan to communicate with citizens (get information, get help, give help) in the event of an incident. The recent hurricane experiences in the south have proven the need for this capability, which often must be continuously available for extended recovery periods of days, weeks and months.
- ***Maryland is an integral part of a larger region in which the jurisdictions are moving forward to provide 2-1-1 to their residents.***

  Jurisdictions in the region tied to the National Capital Region are moving forward to implement 2-1-1 systems. Both Virginia and the District of Columbia have moved ahead more rapidly than Maryland with their implementation.

In Virginia, the Virginia Department of Social Services has a legislative mandate to ensure the provision of information and referral services statewide. They are working in partnership with the Virginia Alliance of Information and Referral Systems to develop a regional approach to 2-1-1. They intend to have 2-1-1 fully operational in the region by January 2007 through a mix of support from local jurisdictions, state government and private philanthropy.

In the District of Columbia, 2-1-1 went live as a service of city government in October 2004.

There also are regional efforts underway in the National Capital Region to create a regional 2-1-1 database and also to begin regional preparation for the role 2-1-1 can plan in an emergency. While Maryland is participating in that work, the full benefit will not be realized unless Maryland has a fully activated 2-1-1 system.

- ***The growing need of our population for health and human services has come up against the reality of finite public sector resources, increasing the need to connect people with the broadest possible range of community resources.***

  According to the 2004 report "Connecting Low-Income Families to Good Jobs: A Policy Road Map for Maryland" issued by the Job Opportunities Task Force, "Despite its relative affluence, Maryland has a large population of low-income families who work in jobs with inadequate wages, benefits and prospects for advancement." "…While many families in Maryland are enjoying a comfortable standard of living, more than 100,000 working families in both urban and rural areas are struggling to get by." "As a result, these families, even though they work, must routinely grapple with threats to their basic way of life, perhaps being evicted or having their car repossessed."

- ***Maryland is fostering the self-sufficiency of its citizens.***

  As a result of federal and state welfare reform, there has been a significant reduction in the numbers of people receiving public assistance and an increase in the number of former recipients who have entered the paid workforce. But in order to remain self-sufficient, individuals and their families need additional support through health and human services provided both by government and nonprofit organizations. One of the greatest barriers to receiving this help is the complexity of the service delivery systems.

- ***Maryland state government is committed to becoming smaller and more efficient, while sustaining its commitment to serving the most vulnerable.***

  This includes not only making service delivery more efficient and responsive but also improving access to services. Efforts such as these may involve finding ways to reduce costs and streamline operations and to make the delivery of services as efficient as possible through more collaborative planning, budgeting, policy-making, communications, and coordination.

- ***We are increasingly diverse with a growing immigrant population.***

  Since 1990, net international migration into Maryland has accounted for 40% of our state's increase in population. The amount of increase in the immigrant population was 14th highest in the country. Foreign-born residents now are roughly 10% of our population. Between 1990 and 2000 the share of non-English speakers at home in Maryland increased by more than two-fifths, from 8.9% to 12.7%.

THE VALUE OF 2-1-1 IN MARYLAND

The contribution of 2-1-1 can be seen in three ways:

- The personal benefit to people who contact 2-1-1 for help:
- The public impact for the state as a whole; and,
- The value to specific stakeholders.

The Personal Benefit to Citizens

2-1-1 Maryland will benefit people seeking help by providing:

- Easy to remember, no hassle access to comprehensive, up-to-date information at any time by telephone and online;
- Confidential, judgment-free telephone interactions with trained and certified 2-1-1 specialists who are able to help people get to the root of their concerns/needs and who can more accurately direct them the first time to options for services;
- Referrals that are sensitive to the caller’s limitations, including the need for geographic proximity, and advocacy for those unable to effectively make the connection;
- Information about both public sector and nonprofit services throughout Maryland and both the National Capitol Region and Northern Virginia, thus serving people wherever they and their families live and work; and
- Multi-lingual services.

The Public Impact of 2-1-1

2-1-1 brings these overall benefits to the state:

- ***Helping to create new efficiencies in delivery of health and human services***

  There are three significant efficiencies that 2-1-1 will help create when it is fully operational:

  - First, it can save time and ease the frustration of consumers in their search for appropriate services for which they are eligible.
  - Second, as 2-1-1 becomes more widely known and used, it will be referring ever more callers to the right places the first time, thus relieving some of the burden on service providers of handling inappropriate calls.
  - Third, it will be a resource to service providers and human resource professionals to help them do their jobs more easily – as a proven high quality service to which they can refer consumers and employees with needs they cannot meet.

- ***Creating a new resource that can help our jurisdictions and our state strengthen the way they provide information to the public***

  2-1-1 complements and enhances existing state government information and assistance services by triaging a high volume of calls and ensuring that callers are directed to the right resource, thus reducing the level of inappropriate calls that are placed to those services.

In some states, 2-1-1 has become an integral part of state government's efforts to provide more efficient and effective services for existing and future requirements. Most notably, Connecticut has leveraged its 2-1-1 infrastructure to better provide centrally what once was a wide range of dispersed information and referral and support services to its citizens (see Appendix E). Further, Connecticut's 2-1-1 infrastructure has established such a strong reputation as a good business model (quality, service & cost) that it has become a key component for delivering new services as they go forward.

2-1-1 Maryland creates a similar opportunity for existing and future requirements. For example, the Winter 2005 State of Maryland Toll Free Numbers Directory lists almost 100 toll-free lines in the broad area of "health and human services" (in addition to some 135 nonprofit information and referral services in the state). Some of these numbers are out of date. Those that are operational are answered in wide-ranging ways (i.e., trained specialists, untrained call takers, voicemail) with no consistency. *2-1-1 Maryland* would provide consistent, reliable, available (24/7/365) up to date and cost-efficient access to all these toll-free lines.

Similarly, *2-1-1 Maryland* can address an emerging need. HB1386, passed by the General Assembly in 2002, requires each county (oversight provided by the Governor's Office for Children, Youth and Families) to develop a plan for a single point of access to services for families in need who may be highly vulnerable and transient and for children who have disabilities and special needs. *2-1-1 Maryland* would be a logical approach to provide this service statewide. It would eliminate the need for each county to develop its own individual plan and would provide services at a fraction of the cost of developing 23 individual county systems.

- ***Creating a new emergency management resource that can play a role in homeland security, serve as a support system for crisis management and support 911 systems***

During and immediately after emergencies such as those experienced by Maryland in the last four years – Hurricane Isabel, the La Plata and College Park tornados, the Baltimore railroad tunnel fire, the water taxi accident in the Inner Harbor and the sniper incident – *2-1-1 Maryland* would have been a major asset:

- Acting as an additional resource complementing 911 in the event by providing another point of access for citizens to get the information they need, reducing the burden on emergency management and first-response organizations; and
- Acting as a long term resource during crisis recovery periods by coordinating information on the status of available health and human services, connecting victims with the help they need, disseminating information on recovery efforts, and informing individuals where to send cash or in-kind donations or to volunteer to help.

A local example of a central information resource being used effectively in a crisis was during the sniper incident. The Prince George's County executive utilized the Community Crises Service Inc. call center in Hyattsville to disseminate information and to control rumors.

Numerous national examples have demonstrated the value of 2-1-1 systems in supporting responses to hazard events that can and do happen in Maryland:

- **Lee County, Florida** - the county 911 coordinator estimated that in the week during Hurricane Charley in 2004, 2-1-1 handled 60,000 calls that otherwise would have gone to county 911 operators.

    - **Connecticut** – during the events of September 11 and its aftermath, Connecticut's 2-1-1 system was widely recognized for the role it played in providing a key link to information for people throughout the state and beyond, helping manage everything from blood donations to support groups. At the same time, it has continued to expand its role as the states primary information and referral resource. See Appendix E for more information.
    - **Florida hurricanes overall** - Leaders in municipal, county and state government, in private philanthropy, and in the first-responder community agreed that 2-1-1 systems provided enormous value by:
        - Expanding the capacity of Emergency Operations Centers (EOCs) by offering the public an alternative access point for information;
        - Becoming the clearinghouses of information about availability of services and the status of health and human service organizations and government agencies;
        - Identifying unmet and emerging needs, helping direct resources to high priority places;
        - Providing telephone reassurance and crisis support for callers, complementing the work of the EOCs;
        - Helping mobilize and manage volunteers and cash and in-kind donations; and
        - Supporting ongoing recovery efforts by providing a connection to help for people whose lives have been dramatically affected by the storm.

  More routinely, given that citizens only know 911, *2-1-1 Maryland* would relieve the burden on 911 to provide health and human services information. One local 911 coordinator has described 911 as "the primary social service responder after hours and on weekends".

- ***Providing new trend data on health and human service needs, met and unmet, for planning and resource allocation***

  By collecting and analyzing call data, *2-1-1 Maryland* will provide insight into problems and needs that may not be fully understood or recognized. This information can be used to better understand emerging and existing social problems and to better allocate both public and philanthropic resources. In times of emergency, such data can help focus attention on geographic areas or segments of the population requiring assistance.

- ***Connecting people with opportunities to give as well as to get help***

  Working in close cooperation with the Governor's Office on Service and Volunteerism and with the state's 13 Volunteer Centers, *2-1-1 Maryland* can become a new, highly visible connection to volunteer opportunities that would be especially important in times of emergencies or disasters when there may be a large outpouring of people wishing to help. Similarly, working in close cooperation with the 17 local United Way agencies in Maryland and organizations such as the American Red Cross and the Salvation Army, *2-1-1 Maryland* can direct the public on how to best make in-kind and financial contributions in response to new needs.

How 2-1-1 Will Add Value to Key Stakeholders

2-1-1 Maryland has the long term potential to provide specific benefits to a variety of stakeholder groups:

Benefit to the Community

For the community as a whole, 2-1-1 has the potential to become a "public utility" that is always available to help people connect with the information they need to lead healthier, more productive, and more independent lives. *2-1-1 Maryland* will:

- Be available 24/7/365 toll free to callers;
- Help reduce people's stress and frustration levels which has a ripple impact on families and workplaces;
- Help people become more self-sufficient; and
- Help connect people with opportunities to serve, strengthening ties to community and neighbors.

Benefit to Emergency Management and 911

For our emergency management and 911 systems, *2-1-1Maryland* will be an important new asset, able to relieve day-to-day call burden while being prepared to move into active, complementary support in a crisis. *2-1-1 Maryland* will:

- Reduce call loads to 911;
- Reduce need for 911 to be the social services contact after hours; and
- Expand the response capacity of Emergency Operations Centers/Emergency Information Centers during emergencies with trained call specialists, additional call centers, ability to handle calls from people in emotional distress, information management, etc.

Benefit to Government Human Service Providers

For government human service providers, *2-1-1 Maryland* will relieve the load of general information and referral calls, allowing their highly skilled professionals to focus on priority needs while creating a new resource for staff to help clients connect with the broadest array of services. *2-1-1 Maryland* will:

- Reduce general call volumes to existing systems, allowing them to focus on priority calls and needs;
- Build greater efficiency by reducing "service shopping" and directing calls more efficiently;
- Be a new resource to help clients, particularly those for whom English is a second language;
- Provide new trend and community need data for planning and resource allocation; and
- Be able to serve as access or intake point for services.

Benefit to Nonprofit Service Providers

For nonprofit service providers, *2-1-1 Maryland* provides a conduit for effectively channeling clients to the services they need. *2-1-1 Maryland* will:

- Reduce number of misdirected calls and service shopping;
- Reduce the need to provide informal information and referral, freeing staff time; and
- Deliver pre-screened callers, increasing the likelihood that the agency being contacted is the right one for the caller's needs.

Benefit to Employers

For employers, 2-*1-1 Maryland* will offer a new resource to help their workers find the services they and their families may need, providing an important benefit while increasing workers on-the-job productivity. *2-1-1 Maryland* will:

- Contribute to making Maryland a good place to do business;
- Complement existing employee assistance programs; and
- Reduce the time workers spend seeking services.

Benefit to Elected and Appointed Officials

For elected and appointed officials, *2-1-1 Maryland* offers the opportunity to provide better service for their constituents while helping increase the overall efficiency of the service delivery system and strengthening emergency management systems. *2-1-1 Maryland* will:

- Provide better service for constituents;
- Help reinforce a statewide approach while supporting local prerogatives and priorities; and
- Provide new trend and needs data for planning and resource allocation.

THE *2-1-1 MARYLAND* PARTNERSHIP MODEL

Criteria for Evaluating Organizational Models

The following evaluation criteria were developed to guide the assessment of organizational models for *2-1-1 Maryland.* The ideal model would meet the following criteria.

- Ensure a consistently high level of service accessible throughout the state, based on national industry standards used in 2-1-1 systems nationwide.
- Maximize the sense of local and regional ownership for 2-1-1, increasing 2-1-1 as a highly visible utility for everyone in the state.
- Ensure each region has access to 2-1-1 specialists who are knowledgeable about local resources.
- Be highly cost effective.
- Provide an infrastructure for government or nonprofits to utilize 2-1-1 as an asset to help them achieve operational efficiencies.
- Ensure ease of operational implementation and decision-making.
- Leverage existing assets to the maximum extent possible.
- Ensure back-up systems and interoperability throughout the system.
- Learn and benefit from the experience of others in our region, state, and nationwide in building 2-1-1 systems.

The partnership model proposed is based on these criteria and has not been legally reviewed. Alternative models may be possible that would be consistent with these criteria.

The Partnership Organizational Model

2-1-1 Maryland is proposed to be a **public-private partnership** organized as an independent 501(c)(3) tax exempt organization governed by a board of directors that would include representation from state government, counties, municipalities, major nonprofit organizations, private philanthropy, and the community. This governance structure will foster the concept that that the development, operation, oversight, policy direction and viability of *2-1-1 Maryland* is a shared responsibility between state government and the community.

The *2-1-1 Maryland* operating model will have the following major components:

- A single, statewide, fully accessible telephone number (2-1-1) and website that become as well-known to Marylanders as 911;
- A statewide network of 4-5 regional call centers providing 24/7/365 coverage using highly trained and nationally certified call specialists;
- A single, integrated, comprehensive, reliable and accurate statewide resource database that allows for complete back-up throughout the system, developed in conjunction with the regional call centers and maintained by highly trained, nationally certified resource specialists;
- A navigation-friendly website that will allow those accessing the site to easily find the same information that they would have received had they called 2-1-1;
- A sophisticated VoIP (voice over Internet Protocol) telephone system that will allow for efficiently routing after-hours and overflow calls among regional call centers, creating “virtual call centers”; and
- A state-level executive director and small state office and support center to provide

system-wide functions, including call center network development and operations, web development and operations, database management, systems relationships and fundraising.

Rationale for Public Private Partnership Model

Establishing *2-1-1 Maryland* as a public-private partnership has several distinct advantages:

- Offering the opportunity for shared ownership between state government and the community;
- Opening the door to both initial investment and sustained support from private philanthropy and business;
- Positioning *2-1-1 Maryland* as a "ready resource" for state government as it seeks new ways to strengthen services and operate with greater efficiency; and
- Allowing state government to retain a strong ownership position in the context of a nonprofit organization that will have the flexibility and independence to respond to new opportunities, to build partnerships with other nonprofit organizations, and to develop additional resources.

Two other organizational models were considered: a 100% state government program or a 100% independent nonprofit. The evaluation criteria developed indicated that these models did not better achieve *2-1-1 Maryland's* objectives.

- *Establishing 2-1-1 as a program of state government.* Concerns included not giving nonprofits an ownership stake that would attract nongovernmental funding; not having the independence necessary to rapidly implement the system; and, not having the ability to quickly respond to opportunities or to effectively have a number of state agencies utilize the system if it is controlled by one particular agency.
- *Establishing 2-1-1 as a fully independent nonprofit, detached from state government.* Concerns included state government not having a major ownership interest when the majority of the funding is assumed to come from state government.

The operating model to develop a system based on regional call centers with some shared centralized services is supported by a 2004 study, commissioned by United Way of America and conducted by the University of Texas Ray Marshall Center for the Study of Human Resources. The study concluded that the "hybrid model" – combining regional hubs with centralized functions – is the most cost efficient model for 2-1-1. This model respects and builds on the diversity of the state and ensures systemwide redundancy and interoperability. Furthermore, the hybrid model gives *2-1-1 Maryland* the opportunity to utilize several existing call centers. It is expected that leveraging these existing call centers should lead to a quicker start-up and less operating costs.

Organizational Model: Board of Directors, Statewide Coalition and Operating Council

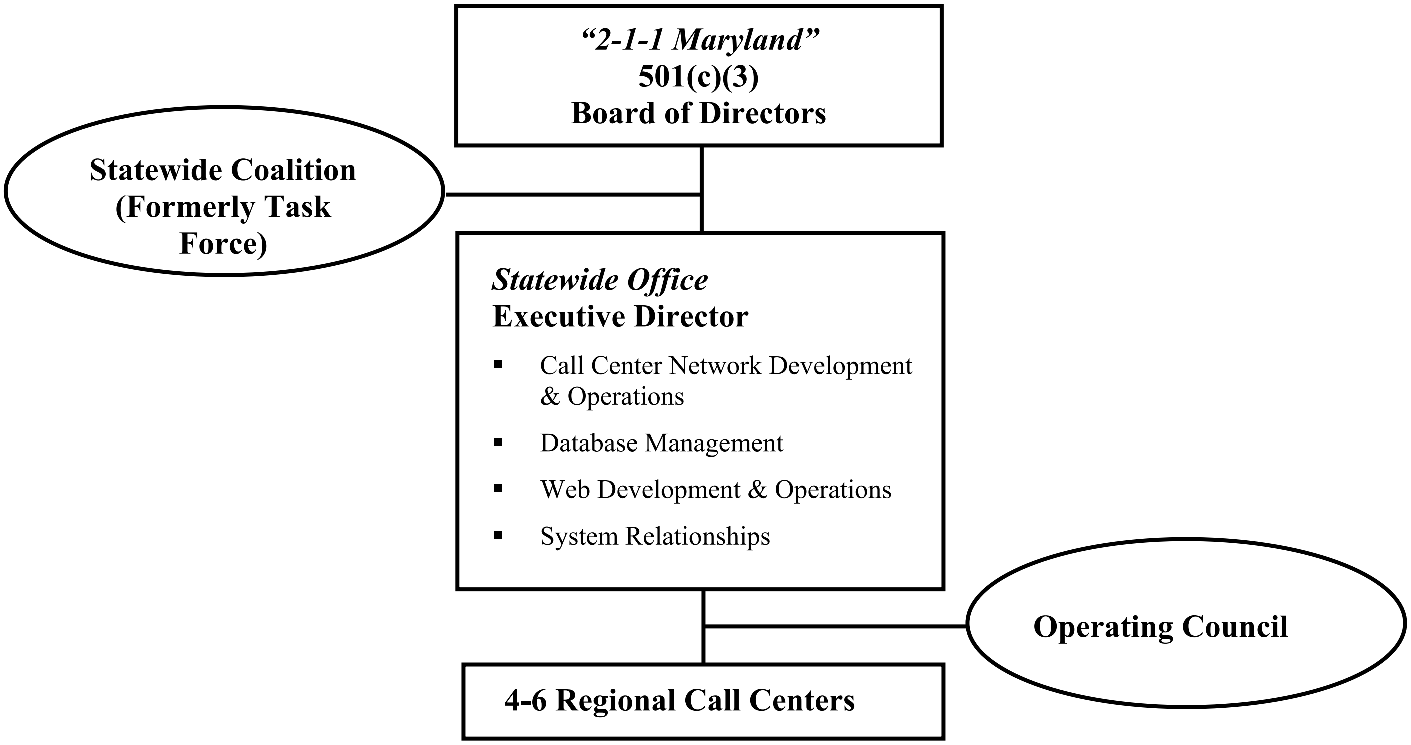
Board of Directors - The governance of *2-1-1 Maryland* is envisioned to be a model partnership of state government and the private and nonprofit sectors. It will be necessary to bring together two existing entities, the State of Maryland Health and Human Services Referral Board and the nascent *2-1-1 Maryland* nonprofit organization, which was incorporated in 2003 in anticipation of such a partnership. Further study and consultation will be required to finalize this structure.

Because there is a clear history of legislative intent concerning 2-1-1 in Maryland, consideration should be given for the General Assembly to legislatively designate *2-1-1 Maryland* as the organization responsible for creating and maintaining the 2-1-1 system and as the conduit for any federal funds that may become available to support 2-1-1 in the future.

The *2-1-1 Maryland* Statewide Coalition - As noted in the Background section, the 2-1-1 Task Force has been a major force since 2000. This plan takes advantage of much of the work of the Task Force. The *2-1-1 Maryland* Statewide Coalition is intended to recognize the important contributions of the Task Force over the years by including them in the organizational structure. The purpose of the Coalition would be to provide advice and input to *2-1-1 Maryland* and to provide local advocacy support for *2-1-1 Maryland* in all regions of the state.

The 2-1-1 Operating Council - Convened by the *2-1-1 Maryland* executive director, **t**he Operating Council – composed of call center directors, central office staff and other designees – will serve as the regular forum to address operating issues, share best practices, assist in the planning and implementation of statewide marketing activities etc.

Chart 1 **_2-1-1 Maryland_ Organizational Structure**


"2-1-1 Maryland"
501(c)(3)
Board of Directors
Statewide Coalition (Formerly Task Force)
Statewide Office
Executive Director
Call Center Network Development & Operations
Database Management
Web Development & Operations
System Relationships
Operating Council
4-6 Regional Call Centers

DESIGN OF THE *2-1-1 MARYLAND* SYSTEM

Central Office Responsibilities

The essential system-wide responsibilities that will be based in the central office, under the direction of the state executive director, include:

- Developing and executing the formal relationships needed to establish and implement the network of regional call centers;
- Developing and implementing the statewide resource database;
- Developing and implementing the internet capability to make the database directly available to the public;
- Developing public and private resources required to build the proposed system and to ensure ongoing operations;
- Working closely with the Governor and State Legislature at all levels to ensure that any available federal funds designated to support 2-1-1 are brought into the state through *2-1-1 Maryland*;
- Developing partnerships, consistent with 2-1-1's mission and phased in over time, through which the assets of the *2-1-1 Maryland* system can support emergency management and other public services;
- Ensuring appropriate management of the 2-1-1 brand and the development and coordination of a statewide marketing campaign; and
- Coordinating the collection, analysis, and use of call data to identify emerging needs and assist policy-makers and public and private funders in ensuring that the right services are available in the right places.

Fulfilling the systemwide responsibilities will require a small, well-organized staff at the state level. It is assumed that the central office will develop in phases consistent with the implementation of the system and the availability of resources. At the outset, the staff's focus will be on call center network development, database and internet site development.

Data Collection and Reporting

It is well known nationally that a 2-1-1 system can provide significant insight into new trends and the changing needs of the community. Besides collecting basic information such as gender, age, ethnicity and employment status, the system will be uniquely positioned to provide insight into community needs. For example, by mapping locations of calls and available resources, it will be possible to identify gaps in services and the possible need for new or additional services. Furthermore, specialized reports will be available to community planners so that they can identify regional trends in social needs.

In addition, as a vital statewide system, key operating performance metrics will also be monitored, These include call volumes, number of abandoned calls, hang ups, average speed of call answered, average call length, average length of time in queue, number of calls routed or transferred, and referrals.

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The Regional Call Center System

The regional call center system is intended to be responsive to the unique characteristics of the state. These include the basic demographic realities of the state – high population density and urban centers in the Baltimore metropolitan area and the National Capital Region; smaller but equally dynamic regional population centers that serve as the economic and services hubs for surrounding counties; and relatively remote counties with smaller populations spread over large geographic areas.

Maryland is fortunate that there are a number of geographically distributed call centers already in place serving a wide range of needs that could become regional *2-1-1 Maryland* call centers. This plan proposes that the following organizations become regional call centers:

- Community Crisis Services Inc. (Prince George's County)
- Life Crisis Center (Salisbury)
- Mental Health Association of Frederick County Hotline (Frederick County)
- United Way of Central Maryland's First Call For Help™ (Baltimore)

Several factors led to proposing these organizations as regional call centers. First, their regional locations fit well with the state regions used (see Call Center Regions below) to define the state. Second, these organizations have been collaborating for years to serve the needs of Marylanders. Given this high degree of familiarity, implementation should be easier. Third, they are all experienced call centers that adhere to the national standards for information and referral centers. Fourth, these organizations have all demonstrated their commitment to a 2-1-1 system by volunteering to be 2-1-1 pilot sites without any additional funding.

The pilot project, where each center will become accessible by dialing 2-1-1 instead of its current 10-digit telephone number, is intended to demonstrate the value of 2-1-1 for Maryland. The pilot project, which has yet to be operationalized, is planned to be of short duration and limited to the current primary service area of the pilot sites. In the absence of committed funding, each of the four sites has agreed to conduct this initial short-term, six to twelve month pilot on an unfunded basis. They will be unable to aggressively promote 2-1-1 because they do not have the capacity to handle significantly increased call volume without additional funding.

Despite the advantages these organizations offer, they all will need to be evaluated on an individual basis to assure they can meet the service, quality, technology and cost requirements to be a regional call center.

Part of the formal agreement establishing the pilot sites is the understanding that, contingent on their performance during the pilot; they will become regional call centers when the *2-1-1 Maryland* statewide system is launched. This assumes the pilot sites are able to meet all regional call center requirements.

Call Center Regions

The four established call centers scheduled to serve as pilot sites, with the potential addition of a fifth call center, and form the logical regional structure that can best provide 2-1-1 to the people of Maryland. The proposed regions, which are consistent with the Maryland Emergency Management Agency's regions, are:

- ***Western Maryland.*** 450,000 people in Frederick, Washington, Allegany, and Garrett counties with the region's primary call center to be provided by the Mental Health Association of Frederick County.

The Frederick County Hotline provides crisis intervention, suicide prevention, counseling, support, information and referrals to all citizens in Frederick County. As a primary intervention service, the Hotline is available 24 hours a day, 365 days a year. It meets the standards set forth for Maryland hotlines and is certified as a crisis center by the American Association of Suicidology. In 2004, it handled over 11,500 total calls.

- ***Central Maryland.*** 2,500,000 people in Carroll, Baltimore, Harford, Howard and Anne Arundel counties and Baltimore City with the region's primary call center to be provided by the United Way of Central Maryland's First Call for Help.

  The 43-year old "First Call for Help" comprehensive information and referral service (I&R) has been operated by UWCM since 1992. 30 of those years as the only comprehensive I&R in the state. In 2004, First Call handled 90,000 calls. It also has developed and manages a statewide resource database.

- ***National Capital Region-North.*** 900,000 people in Montgomery County with the region's primary call center to be determined. As part of the rollout strategy for the statewide system, further evaluation will be needed to determine the necessity for a call center in this region. Assuming a call center is deemed necessary, extensive consultation will be undertaken with county government and with existing nonprofit hotline and specialized I&R services to identify the appropriate host agency for the 2-1-1 call center.

- ***National Capital Area-South / Southern Maryland.*** 1,100,000 people in Prince George's, Charles, Calvert, and St. Mary's counties with the region's primary call center to be provided by Community Crisis Services Inc. of Prince George's County.

  Since its inception in 1970, the non-profit Prince George's County Hotline and Suicide Prevention Center, Inc. has become a 24/7/365 one-stop calling center for information and compassionate assistance for those in crisis. In addition to crisis counseling, it provide links to area resources in an effort to find long-term solutions, including to self-help groups, mental health services, Department of Social Services, domestic violence programs, local homeless shelters and food programs. In 2004, it handled a total of 79,000 calls.

- ***Eastern Shore.*** 400,000 people in Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Worcester, and Somerset counties with the call center to be provided by the Life Crisis Center in Salisbury.

  The mission of the Life Crisis Center is to promote a safe and healthy community by serving children, adults and families through crisis intervention, advocacy and counseling for victims of child abuse, domestic violence and sexual assault. Since its creation in 1976, the Center has steadily increased the scope and geographic reach of its services. In 2004, it handled over 16,000 calls.

TELECOMMUNICATIONS AND TECHNOLOGY

2-1-1 Maryland will be built around a state-of the-art interlocking system consisting of three major technology components - a resource database, a telephone system, and a website. A key objective will be to regularly evaluate these technology components to assure they remain current. This will be essential to continuously improve both the quality and the cost-effectiveness of services for the people of Maryland.

The Resource Database

The knowledge base that makes a 2-1-1 system work is its database of community resources. *2-1-1 Maryland's* database will become the most comprehensive health and human services resource in the state. It will have up-to-date listings of health and human services in the state; including those provided by nonprofit organizations and by government at all levels. It will become the "go-to" asset not only for the regional call centers, but also for state government, nonprofit service providers, business, and the public.

Fortunately, *2-1-1 Maryland* already has a significant database that is proposed to be the basis for the statewide resource database. First Call for Help of United Way of Central Maryland has developed and manages the most extensively developed comprehensive resource database in the state. It has information on more than 4,000 health and human service programs at 2,600+ agencies. Each call center using the database has the responsibility for developing and maintaining the database for their respective regions, thus ensuring that information is collected and updated as locally as possible. As *2-1-1 Maryland* develops, primary responsibility for overall management of the database will move to the system's central office.

There are several significant opportunities to leverage the strength of this statewide database and to create additional cost efficiencies through other partnerships. For example:

- Maryland Share, an online community information database which was created by public libraries in Maryland, is interested in the potential of county libraries to become primary resource points for *2-1-1 Maryland*, assuming shared responsibility for developing and maintaining portions of our resource database at the county level. While this would require the libraries to adopt the AIRS standards for resource databases, it has the advantages of further localizing the information collection function and of supporting the regional call centers.
- The Maryland Department of Aging is one of the first twelve such state departments across the country to have been awarded a grant from the U.S. Department of Health and Human Services to develop a pilot project to develop "one stop shop" centers to help consumers learn about and access services for seniors and adults with disabilities. Named Maryland Access Point (MAP), the project will require an extensive resource database. There have been active discussions with the Department of Aging to collaboratively develop both a shared database and website. At the core of any 2-1-1 is the 24/7/365 call center where trained information and referral specialists help callers articulate their needs and connect them with the services they require.

Finally, a database initiative is underway to tie Maryland's database into a broader one being developed in the National Capital Region. Representatives of the 2-1-1 Maryland Task Force are currently working in cooperation with 2-1-1 in the District of Columbia and with representatives of the Northern Virginia Information and Referral Network to build a single web-based database for the National Capital Region, using technology support from United Way of America. Funding to take the combined database from prototype to full readiness has been received by the Nonprofit Roundtable in Washington, DC, manager of the project, from the Urban Area Security Initiative (UASI).

The Telephone System

The telephone system envisioned takes full advantage of both the local call centers' experience and the national 2-1-1 experience with a goal of providing easy access to callers who may have a wide range of limitations or challenges. Calls routed to a 2-1-1 call center will come into an interactive voice response unit (IVR) that will greet callers and ask them to select a specific number to continue, potentially offering the option of continuing in other languages where it is appropriate to do so. Use of an IVR is essential because it minimizes the number of "phantom calls" that are randomly generated by electrical charges in the telephone system and the environment. Calls will then be routed by an automatic call director (ACD) to the next available call specialist. The IVR will have the capability to collect caller feedback at the conclusion of the call.

It will be essential to move as quickly as possible to a VoIP (Voice-over Internet Protocol) telephone system, with appropriate land-line back-up, that will serve all of the call centers. VoIP provides a seamless environment that allows for full back up, systemwide communication, and seamless transfer of calls throughout the system.

Network Maryland, a service of the Maryland Department of Budget and Management, offers an extraordinary opportunity to establish this system in a cost efficient manner. Network Maryland operates on a client/provider model, offering data transfer, information technology and telecommunications services. By the end of 2005 it will have a presence in every county in the state. Their rollout plan calls for them to have VoIP telephone systems available within the next 18 months.

Language will not be a barrier to accessing 2-1-1 services. In all centers, Tele-Interpreters and/or ATT Language line (24/7 over-the-telephone interpretation and document translation service in more than 150 languages) will be available. For some regions where the types of calls warrant, appropriate linguistic capacity will be developed within the center. Each call center also will have a TTY line available to make 2-1-1 accessible to those who are deaf or hard of hearing.

Calls that the 2-1-1 call specialists identify as "crisis calls" will be handled according to established protocols. Because three of our four pilot centers are already mental health hotlines, they have the staff capacity to handle such calls. Each also has specific protocols established to handle suicide calls and protocols for when and how calls will be transferred between 2-1-1 and them.

During the pilot phase, calls made to 2-1-1from a pilot regional call center's local calling area will be routed directly to them. Calls originating in areas outside those local calling areas will get a message that the 2-1-1 service is not yet available to them.

As an example of the pilot centers collaborating to create efficiencies, First Call for Help of the United Way of Central Maryland currently routs after hours calls to Community Crisis Services, the Life Crisis Center and Grassroots, a crisis line based in Howard County. Begun in 2005, this approach has proven to be highly cost-effective, providing the service that First Call for Help normally provides in central Maryland without staffing its call center 24 hours each day.

The telephone system envisioned includes:

- Toll-free access for all users;
- Call routing technology that will appropriately direct calls to individual call centers based on time of day, day of week, location of caller and call volume;
- Redundant systems that allow calls to be quickly rerouted by local agencies or at the state level in the event of an emergency;
- Capability to easily transfer calls between call centers;
- Low operational cost;

- Anonymous call origination data linked to the program database to allow quick and efficient location of services;
- Three-way calling/conferencing;
- Voice Recognition software; and
- Expert Agent capability

Web Site

Recognizing the increasing public acceptance of searching for information on the internet, *2-1-1 Maryland's* website will make information available in a user-friendly online environment that will be as visible and accessible as 2-1-1 is by telephone. Users will be able to get from the website the same information that they could obtain by calling 2-1-1. As technology and resources allow, the site will be increasingly interactive, enabling users to easily search and locate the appropriate resources.

Responsibility for development and management of the website will rest with the central office staff. Similar to the telephone system, there is a significant opportunity to use Network Maryland's existing web hosting and data transfer services to support the site.

Software Issues

2-1-1 Maryland will be designed to meet the national 2-1-1 accreditation standards of the Alliance of Information and Referral Systems (AIRS). To achieve this, the software supporting the resource database and call tracking must meet or surpass industry-accepted standards by 2008.

The ideal software will be an integrated, web-enabled package that: supports the integrated statewide resource database; is used by the call centers to track calls; and enables collection and analysis of call data. It also must incorporate XML protocols to allow efficient data sharing. There are many such software packages that have been specifically designed for information and referral services generally and for 2-1-1 particularly.

Currently, a single, integrated statewide resource database serves the pilot sites. It is maintained by First Call for Help at the United Way of Central Maryland. Each pilot site is responsible for developing and updating its respective content quarterly. The database utilizes IRIS software, one of the leading national information and referral software brands, and is provided to the pilot sites on CD-ROM.

At the present time, however, only First Call for Help has the integrated software package that is essential to the successful operation of the system. Because the other three pilot sites are mental health hotlines that receive funding from the Department of Health and Mental Hygiene, they are required to use the department's HOTS database for call tracking and reporting. HOTS is a derivative of the HATS database system currently managed by the Maryland Alcohol and Drug Abuse Administration with federal funding. Initial indications are that it would require a significant additional investment to adapt HOTS for use as the primary software to support *2-1-1 Maryland*.

It is possible for the pilot sites to continue to use both systems – HOTS for call tracking and reporting and the First Call-managed resource database during the pilot project. However, this will become increasingly inefficient and will make it difficult to meet the national accreditation standards.

Resolving this currently bifurcated approach will be among the highest operational priorities for full implementation of the system.

IMPLEMENTATION CONSIDERATIONS

Ensuring Quality Service

2-1-1 Maryland must quickly develop an excellent reputation for quality service to order to be recognized as a significant new asset for citizens. This includes ensuring that each call is handled in the same high quality manner, no matter where it originates or at which call center it is received. The database must be current and comprehensive. The website must be user-friendly, providing the same high level of service as the telephone system.

Key steps to ensure quality include:

- Creating a system in full compliance with the national 2-1-1 standards developed by AIRS;
- Requiring each call center to achieve full AIRS accreditation by the end of 2008;
- Developing performance standards for *Maryland 2-1-1* and establishing the specific measurements to assure that quality and service standards are being met;
- Requiring call centers to meet the AIRS National 2-1-1 Standards for certification of I&R call specialists, with at least 25% of eligible professional staff to be formally certified by the end of 2008; and
- Ensuring that call centers have *cultural competent* staff to handle calls from people from different cultures, including working closely with grassroots groups to ensure that databases include culturally appropriate resources.

Emergency Planning

The system must be prepared to operate during times of emergency, supporting emergency response agencies and those who are affected. This will require:

- Having full redundancy including a back-up plan to handle incoming calls, even if one or more of the regional call centers is forced to close;
- Building into the new phone system the capability to create “virtual hubs” through which call specialists and resource specialists can work from home and/or other remote sites;
- Taking all industry-standard steps to ensure the safety of our database, including daily back-ups, redundancy in servers, and off-site archiving;
- Requiring each of our hubs to develop their own emergency plans for relocation, staff support, emergency power, relationships with emergency planning systems at the county and local level; and
- Building an emergency communications structure within the system to ensure that hubs can communicate with one another.

Public Education and Marketing

For *2-1-1 Maryland* to provide maximum benefit, it must become as well known as 911. This will require a well-defined brand identity and a sustained statewide marketing effort.

The desired brand identity is clear – *2-1-1 Maryland is the way to get help and give help in the State of Maryland*.

Through a sustained, collaborative marketing strategy, citizens will become aware of *2-1-1 Maryland*, how to access the system and how 2-1-1 differs from other N-1-1 numbers. The *2-1-1 Maryland* brand will be used to identify both the system as a whole and each of the regional call centers.

The marketing plan will have five critical components:

Mass media campaign. *2-1-1 Maryland* will be formally launched with a significant public media campaign through television, radio, print and other media (online, transit cards, billboards, etc.). Well-known Marylanders will be asked to endorse the system publicly, giving *2-1-1 Maryland* immediate and intensive exposure. After the initial campaign, an ongoing campaign will be implemented to sustain awareness.

Grassroots marketing and advocacy. While use of mass media is an obvious statewide approach to marketing, word-of-mouth efforts will be an important way to build awareness and understanding. The *2-1-1 Maryland* Task Force, proposed to become *2-1-1 Maryland's* statewide coalition, will be a driving force in this effort. Community leaders, faith-based groups, schools, community associations, and service providers and their staffs will be called upon to support building awareness at the local level and among targeted populations that may need more culturally appropriate information or assurance.

Leveraging our partners' networks. Key partners, such as the state's United Ways, have extensive relationships in local communities as well as the business community. *2-1-1 Maryland* can be incorporated into their ongoing marketing efforts. In addition, in the National Capital Region, *2-1-1 Maryland* will work closely with 2-1-1 systems in the District of Columbia and Northern Virginia on collaborative marketing efforts.

Building low-cost, easy to use promotional tools. A *2-1-1 Maryland* "Tool Kit" of information and resources will be developed to assist state and county governments in promoting 2-1-1. The tool kit would include talking points; overview of 2-1-1 services; templates for press releases, media advisories, internal and external articles, newsletters, ads, and flyers; 2-1-1 logos and graphics; and, outreach ideas. Materials will be available in English and Spanish and possibly other languages.

Identifying promotional opportunities. Other opportunities to regularly convey the brand will be pursued. For example, including reminders in utility bills or other mailings from government or business will be explored.

Roll-Out Strategy

As noted previously, the work to implement 2-*1-1 Maryland* has been underway for five years. The goal is to accelerate development activities so that the system can be implemented statewide by January 2007. This assumes that a funding plan is finalized by June 2006. Planning and implementation has been organized into five phases. The first two phases have already been completed and the third is underway.

- ***Phase 1 / Laying the Groundwork / 2000 - 2003***
    - United Way of Central Maryland offers to serve as the base for 2-1-1 planning (2000)
    - 2-1-1 Maryland Task Force created (2000)
    - Committees created by the Task Force produced working papers (2001)
    - County 2-1-1 groups provided input (2001)
    - Cost-benefit study completed (2001)
    - Task Force's business plan issued (November 2001)
    - State government recommends pilot project to demonstrate potential value of 2-1-1 (2002)
    - Public Service Commission designates the 2-1-1 Maryland Task Force as the official body for coordinating and implementing the pilot (2003)
    - Pilot sites chosen through RFP process (2003)

    - Memorandum of Understanding developed with pilot sites
    - Ongoing negotiation with Verizon to activate 2-1-1 dialing code for pilots (2003)
    - Funding sought from state government and private sources to support the pilot (2003)

- ***Phase 2 / Renewed Planning / 2004 - December, 2005***
    - HB 981 signed into law. The Maryland Health and Human Services Referral Board is created to oversee the 2-1-1 pilot project and to make recommendations on the development of a full statewide 2-1-1 system (2004)
    - Governor Ehrlich appoints the board (2004)
    - Board sets as its goal the development of a new business plan in time for the 2006 Legislative Session, establishes a planning committee and retains a consultant experienced in planning 2-1-1 throughout the country (2005)
    - The Board approves and submits a business plan to establish 2-1-1 statewide.
- ***Phase 3 / Building Support for Full Implementation / August 2005 - June 2006***
    - Finalize agreement with Verizon and secure funds to pay for activation of 2-1-1 dialing code for pilot sites
    - Launch pilot project
    - Initiate technology assessment
    - Secure acceptance of this *2-1-1 Maryland* plan, including financing commitments
    - Finalize organizational structure
- ***Phase 4 / Lead-up to Statewide Launch / To be determined***
    - Establish central office
    - Establish the formal relationships needed to implement network of regional call centers
    - Develop the comprehensive statewide resource database
    - Develop and implement the internet capability
    - Ramp up regional call centers to ensure their capacity and readiness – complete enhanced telephone systems and software, staff recruitment, staff training
    - Implement quiet launch (2-1-1 availability extended beyond pilot areas without publicity) to enable additional testing of all systems and personnel
- ***Phase 5 / Launch and Full Implementation / To be determined***

STRATEGIC RELATIONSHIPS

2-1-1 Maryland's success will be largely based on its strategic partnerships.

State government. The Governor and General Assembly must see the value to establishing and sustaining the system. This would include formal validation of *2-1-1 Maryland*'s leadership role in providing 2-1-1 services for citizens and as the entity to serve as the conduit for any federal funds that may become available. State departments and agencies must also understand how the system can add value to their efforts to simplify government and improve services to their customers.

The Maryland Emergency Management Agency (MEMA) and its statewide network also have key roles. 2-1-1 Maryland is envisioned to support first responders and ongoing recovery efforts in times of natural disaster or man-made emergencies. It will be essential to for *2-1-1 Maryland* to work closely with MEMA to assure that the two corresponding regional networks complement and assist each other.

The Public Service Commission will play an important role in addressing any issues that may arise around assignment of the 2-1-1 dialing code and access to 2-1-1 through cell phones, pay phones, and internet-based phone services.

County and local government and 911. The regional call centers will be positioned to build relationships with, and to tailor services to, individual counties and even cities. This will mean developing specific protocols to guide how they handle certain calls or providing call center services on a contract basis, such as Community Crisis Services Inc. currently does for Prince George's County in its management of the county's Homeless Hotline.

Because 2-1-1 is a way of helping to relieve the burden of inappropriate calls to 911, it will be essential that each regional call center build a relationship with all of the 911 call centers in its region, developing individualized protocols for moving calls between them. The proposed approach would be to work with the Emergency Numbers System Board to help establish a state-level template for such protocols to maximize consistency and to make the local development process as efficient as possible.

Private philanthropy. The active support of the business community, private foundations and individual donors will be needed to launch and sustain *2-1-1 Maryland*. Involving key partners early will be important. As described above, several representatives would be proposed to serve on the *2-1-1 Maryland* board.

Specialized I&Rs and other telephone-based or web-based service providers. *2-1-1 Maryland* does not replace specialized information and referral services or other telephone-based and web-based service providers that may be targeted to specific segments of the population (youth or seniors, for example) or to specific needs (child care or HIV/AIDS, for example). Rather, they are complementary, working together to make sure citizens get to the community resources they need. *2-1-1 Maryland* is a primary point of contact designed to lead users to specialized I&Rs when appropriate. It also is a resource that specialized I&Rs can use for requests beyond their expertise or for misdirected calls.

KEY CHALLENGES TO SUCCESS

Several major challenges must be addressed to successfully implement *2-1-1 Maryland*.

- ***Building sustained funding.*** Given the scope of the system and the high profile it will have, sustained, predictable funding will be essential to assure *2-1-1 Maryland* becomes a reliable utility that citizens can count on. The proposed organizational model brings together representatives of all the key funding sources: state government, major non-profits and others. It will be critical for the partners to work together to devise a plan that minimizes volatility in funding.
- ***Strengthening the infrastructure.*** Although it is proposed to build the regional call centers utilizing existing nonprofit call centers, it is assumed that the centers may need significant enhancements in facilities, software, hardware and staffing. An experienced state executive director must also be recruited and the central office established.
- ***Maximizing technology.*** As described above, more in-depth technology assessments (telephone system, database, and internet) must be conducted by qualified experts to fully understand what the system's requirements will be. As part of this, any opportunities to take advantage of existing technology infrastructure, such as what may be available through Network Maryland, must be evaluated
- ***Integrating Emergency and Non-Emergency Numbers.*** It will be essential to coordinate the introduction of 2-1-1 as a new dialing number with existing N-1-1 numbers and other non-emergency numbers currently used throughout the state. Key objectives include clarifying the different purposes and roles of each service, building on solid understanding between groups and assuring cooperation when services intersect. It is anticipated that a combination of formal agreements and informal understandings will be needed. For example, it will be essential to work closely with key statewide groups such as the state's Emergency Numbers Systems Board. In this case, it is assumed that formal agreements will be needed with all 911 centers in the state.

APPENDIX A: LEADERSHIP FOR *2-1-1 MARYLAND*

State of Maryland Health and Human Services Referral Board

Established in 2004 through House Bill 981, the board is to oversee the pilot programs and study the orderly installation, maintenance and operation of a statewide health and human services referral system. The board is required to present an annual report to the Governor and the General Assembly.

David B. McDonald, Chair, University of Maryland Medical Center
Barbara B. Armstrong, Associated Black Charities
W. Miles Cole, Esq., Maryland Department of Business and Economic Development
John C. Crabill, Emergency Number Systems Board
Ernest Ely, Jr., Dept. of Public Safety and Correctional Services
Arna L. Griffith, Committee for Children
Dorothy L. Harper, United Way of Charles County
JoAnne E. Knapp, Maryland Department of Disabilities
Martina A. Martin, United Way of Central Maryland
Ruth B. Mascari, Maryland Emergency Management Agency
Lisa M. Kirk, Dr. P.H., Maryland Department of Health and Mental Hygiene
Eugenio Machado, M.D., Riderwood Village
Kevin Mosier, Maryland Public Service Commission
Judith Ostronic, Volunteer, American Red Cross
Michelle M. Stallings, Maryland Department of Human Resources
Susan J. Vaeth, Maryland Department of Aging

The Pilot Sites

The four pilot sites have agreed to conduct a demonstration of how 2-1-1 can operate in Maryland, beginning in their current primary service areas.

Community Crisis Services Inc., Prince George's County (Tim Jansen)
Life Crisis Center in Salisbury, Lower Eastern Shore (Michele Hughes)
Mental Health Association of Frederick County Hotline, Frederick County (Pat Hanberry)
United Way of Central Maryland's First Call For Help™, Central Maryland (Saundra Bond)

***2-1-1 Maryland* Task Force**

The *2-1-1 Maryland* Task Force began work in August 2000 as a collaboration between health and human service organizations at the state and local levels, information and referral providers, local and state government leaders and the Maryland State Association of United Ways. It has been designated by the Maryland Public Service Commission as the organization responsible for planning, coordinating, and implementing the 2-1-1 pilot. Its members will be invited to become a "corps of ambassadors" and advocates for *2-1-1 Maryland.*

Nan Waranch, Phase II Chair
Larry Pignone, Saundra Bond, Past Chairs
Nancy Weber, Honorary Treasurer
Martina Martin, 2-1-1 Maryland Initiative Oversight

Membership Roster as of 03/05

Anne Arundel County
Sandy Berkeley
Anne Arundel County Department of Aging

David Brown
Chesapeake Telephone

Baltimore City
Abby Curtain
Mayor's Office of Employment Development

Scott H. Jaudon
Catholic Charities Senior Life Services

Ruelda Dempster-Thomas
Baltimore City Department of Social Services

Sandy Fallin
Baltimore City Child Care Resource Center

Linda Fauntleroy
Baltimore Crisis Response, Inc.

Kevin Griffin Moreno
Job Opportunities Task Force

Brenda M. Zirkind
Jewish Information and Referral Service

Baltimore County
Betty Evans
Baltimore County Department of Aging

Donna Morrison
Baltimore County Government

Melinda Fowls
American Cancer Society

Carroll County
Janet Flora
Westminster Senior Activity Center

Cecil County
Richard H. Bayer, Ph.D.
Upper Bay Counseling & Support Services, Inc.

Central Maryland
Saundra Bond
First Call for Help
United Way of Central Maryland

John Geist
United Way of Central Maryland

Martina Martin
United Way of Central Maryland

Howard County
Susan Rosenbaum
Department of Citizen Services

Roy Appletree
Foreign-born Information & Referral Network

Jacki Ring
The Horizon Foundation

Nancy Weber
Consultant
Montgomery County
Beth Barnett
Mental Health Association

Nguyen Minh Chau ("Chau")
Councilmember of Garrett Park
NIMIC, Corp.

Sharon D. Doner
Jewish I&R Service

Susan Seling
Office of Planning and Accountability

Ellen Greenberg
Jewish Council for the Aging

Shayna Hadley
Mental Health Association

Joseph Raiti
Agency for Healthcare Research

Dudley E. Warner, LCSW-C
Montgomery County Crisis Center

Prince George's County
Gwen Ferguson
Prince George's United Way

Tim Jansen
Prince George's County Hotline

State of Maryland
David Ayer
Governor's Office for Children, Youth & Families

Dakota Burgess
Maryland Department of Aging

John O'Brien
Veterans Affairs
Maryland Health Care System

John A. Grinage
Department of Human Resources

Sandra Shepherd
Maryland State Department of Education

Nan Waranch
MD State Assn. of United Ways
United Way of Central Maryland

Charles County
Dorothy L. Harper
United Way of Charles County

Frederick County
Suzi Borg
Mental Health Association
of Frederick County

Pat Hanberry
Mental Health Association
of Frederick County

Connie Urquhart
Developmental Disabilities Administration

Gail Wowk
Department of Health & Mental Hygiene

Queen Anne's County
Michael Clark
Local Management Board

Washington County
Dale Bannon
United Way of Washington County

Wicomico County
Michele Hughes
Life Crisis Center

Dawn Chatham
Life Crisis Center

APPENDIX B: OVERVIEW OF N-1-1 NUMBERS

N-1-1 dialing codes are three-digit numbers of which the first digit can be any digit other than one or zero, and the last two digits are both one. N-1-1 codes "0-1-1" and "1-1-1" are unavailable because "0" and "1" are used for switching and routing purposes. Hence, there are only eight possible N-1-1 codes, making N-1-1 codes among the scarcest of telephone numbering resources.

The following chart outlines the existing N-1-1 code assignments:

N-1-1 Code	***Assignment***
2-1-1	Assigned for community information and referral services.
3-1-1	Assigned nationwide for non-emergency police and other government services.
4-1-1	Unassigned, but used nationwide for directory assistance.
5-1-1	Assigned for traffic and transportation information.
6-1-1	Unassigned, but used broadly by carriers for repair service.
7-1-1	Assigned nationwide for access to Telecommunications Relay Services (a service for the hearing and speech impaired).
8-1-1	Assigned as universal number for “call before you dig” location services for public utilities.
9-1-1	Unassigned, but used nationwide for emergency services.

APPENDIX C: THE DEVELOPMENT OF *2-1-1 MARYLAND*

In 2000, in direct response to the action of the Federal Communications Commission that designated 2-1-1 for access to community information and referral services, United Way of Central Maryland offered to serve as the base for 2-1-1 planning in Maryland.

The 2-1-1 Maryland Task Force, which has a statewide membership of about 80 persons, was created in August 2000. The Task Force conducted its work through several committees that produced working papers addressing the structure for the proposed 2-1-1 Maryland system, the principles that should guide provision of service by a Maryland system, guidelines for developing a single statewide database for the Maryland system and how the system should be governed.

In addition, the Task Force requested Baltimore City and each county in Maryland to name a senior staff member as its 2-1-1 "designee" to the statewide 2-1-1 planning process. Designees then were asked to form a 2-1-1 group within their his jurisdiction that would include directors of key government departments, nonprofit health and human service providers, information and referral service providers and local United Ways that would be involved with or concerned about the development of a statewide 2-1-1 system. These county groups were formed so that input to the working papers developed by the Task Force committees could be obtained from all parts of the state.

The Task Force commissioned a study of the benefits and costs that would be involved in introducing 2-1-1 to Maryland. PSComm, LLC, a Rockville based organization with extensive experience over 10 years in designing N-1-1 systems for local governments across the United States was selected to conduct the study. That study concluded that statewide implementation of 2-1-1 would benefit all Marylanders, including individual citizens, employers, health and human service providers, and planners and funders. The analysis focused on both the benefits that could be expected but not precisely measured as well as those benefits that can be estimated in dollar terms. Further, the study made clear that many of the benefits help more than one constituency.

In November 2001, the Task Force released a proposed business plan to guide development of 2-1-1 in Maryland.

In 2002, the Task Force responded affirmatively to state government's suggestion of an initial 2-1-1 pilot project based in existing information and referral and/or mental health hotline call centers as a way of demonstrating to state government and private philanthropy the potential value of 2-1-1 to the people of Maryland. In 2003, Maryland's Public Service Commission designated the 2-1-1 Maryland Task Force as the official body for coordinating and implementing that pilot.

Through a process that included a request for proposal and careful assessment of the responses, four pilot sites were chosen:

- Community Crisis Services Inc. in Hyattsville (Prince George's County)
- Life Crisis Center in Salisbury (Lower Shore)
- Mental Health Association of Frederick County Hotline (Frederick County)
- United Way of Central Maryland's First Call For Help™ (Central Maryland)

The initial assumption that it would be possible to fund the pilot through foundation grants proved not to be viable. As a result, the pilot sites agreed to conduct the pilot on an unfunded basis, with the understanding that it will be limited to the immediate local calling areas they serve, that they will be unable to aggressively promote 2-1-1 because they do not have the capacity to handle significantly increased call volume and that they will be unable to sustain the pilot for more than six to twelve months. The project is now scheduled to begin in the last quarter of 2005.

The value of 2-1-1 was reaffirmed by the General Assembly through House Bill 981 adopted in the 2004 Regular Session, which created the Health and Human Services Referral Board. The purposes of the bill are to "establish the three-digit number, 2-1-1, as the primary information and referral telephone number for health and human services in the state; and, establish a board to oversee the pilot programs and study the orderly installation, maintenance and operation of a statewide health and human services referral system in the state." Governor Ehrlich signed the bill into law and subsequently appointed the current 16-member Board.

In February 2005, the board began an intensive planning process with the goal of completing a new business plan in time for the 2006 Legislative Session. That process included:

- An in-depth review of the initial business plan and the assumptions on which it was built;
- Consultation with key stakeholders in state government and the private sector;
- Reassessment of the environment in which 2-1-1 will be created, given the changes that have taken place in the past three and a half years;
- Formulation of specific criteria on which to base their evaluations of alternative approaches.

The result of that work is this business plan.

APPENDIX D: DETAILED FINANCIAL PROJECTIONS

Overview

Cost projections were done for initial start-up costs and ongoing operations for both regional centers and systemwide functions. The total cost to implement the system in year 1 is projected to be $4.7 million with a total cost of $24.6 million over 5 years. This total expense is offset by expected contributions by the United Ways and other agencies of a minimum of $1 million each year. This assumes that the United Way of Central Maryland and the other agencies serve as regional call centers as proposed in this plan.

(millions)	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Regional Call Centers	3.2	3.6	4.1	4.3	4.5	19.6
Central Office	0.7	0.7	0.9	0.9	0.9	4.0
Start-Up	0.8	n/a	n/a	n/a	n/a	0.8
Total Expense Base	$4.7	$4.3	$5.0	$5.2	$5.4	$ 24.6
United Way plus other Private contributions	1.0	1.0	1.0	1.0	1.0	5.0
Net Expense	$3.7	$3.3	$4.0	$4..1	$4.4	$19.5

Note: The numbers are rounded and may not total correctly.

The call volume projections are based on experience nationally. The system is projected to handle 2.1 million calls over the first five years. Based on these projections, *2-1-1 Maryland* would cost approximately $1.09 per person in Maryland per year. This compares very favorably with costs of 2-1-1 systems in other states, which can range as high as $1.50 per person per year. In addition, the total cost per call cost of $14.33 compares favorably with other states, particularly ones in which, like Maryland, many of the call centers also handle mental health crisis calls.

Assumptions Used in Developing the Financial Projections

Development of the financial projections for *2-1-1 Maryland* were done by using the national 2-1-1 Financial Planning Tool of AIRS, the Alliance of Information and Referral Systems, in consultation with members of the Board Planning Committee and representatives of the regional pilot sites. The following assumptions were used:

Call Volume. Typically, call volume is expressed as a percentage of the population being served. Nationwide, 2-1-1 systems generally target for call volumes at least in the 6-8% range with many moving into the 8-10% range. For Maryland, based on current call volumes and factoring in the rapid rise in call volume experienced in most communities when 2-1-1 is activated, the following projections were developed:

National Capital Region-South	9.5%	109,000 calls (Year 3)
National Capital Area-North	8.0%	72,000 calls
Eastern Shore	8.0%	32,000 calls
Western	6.0%	27,700 calls
Central	8.0%	207,500 calls
Total	***8.1%***	***448,200 calls (Year 3)***

Call Duration. The length of the call plus the "close-out" time required to complete the record of the call constitutes the "call duration" and has a direct relationship to the number of staff required. Based on actual experience plus nationwide experience, the following call durations were utilized:

National Capital Region-South	8.0 minutes
National Capital Region-North	8.5 minutes
Eastern Shore	8.5 minutes
Western	8.5 minutes
Central	6.0 minutes

Call Drop Rate. The drop rate indicates how many callers who are on hold waiting to speak with a call specialist disconnect before speaking with the specialist. There are several reasons why this may occur, the most obvious being that the call demand exceeds the supply of call specialists at that time. For this plan, it is assumed that 85% of callers will connect and speak to a call specialist. This is a typical rate nationally.

24/7/365 Service. National standards call for 2-1-1 to be available 24/7/365. In most states, it has proven most economical to pool calls received after normal business hours, reducing the number of call centers that must remain open, typically routing calls to the largest call centers. In Texas, for example, there are 25 regional call centers but only three are open after normal business hours and one of them, Houston, handles 80% of the after-hours calls received in the state. In Maryland, although three of the four pilot sites are required to be open 24/7/365 because they are crisis centers with contracts with state government, only one will be resourced to provide the 2-1-1 service during evening and overnight hours (8 P.M. to 8 A.M.). A plan would be developed to quickly provide surge capacity should there be a major event such as a critical incident.

Salaries. Although some regional variation is to be expected, for purposes of these projections and based on consultation with the pilot sites, an hourly wage of $14.00 per hour is used for all sites.

Benefits. Actual fringe benefit rates for each of the four pilot sites, which ranged from 21% to 38%, were utilized. For the potential National Capital Region-North center, 28% is utilized.

Number of Call Specialists. The AIRS 2-1-1 Financial Planning Tool spreads calls across the week based on the actual experience of major 2-1-1 systems nationwide and, using a standard queuing formula, computes the number of call specialists required to answer varying percentages of the calls received. Based on best practice nationwide, 95% of calls are projected to be answered, which is considered to be a high service standard.

Number of Resource Specialists. Resource specialists are responsible for developing and maintaining the database of community resources that supports the call specialists. It is assumed that a resource specialist could manage 750 to 1,000 organizational records per year. The number and location of resource specialists are based on the size of each region's current or projected database size.

Other Staff. Each center is assumed to have 1 full-time senior manager and 1 full-time mid-level manager at each regional center as well as an additional line supervisor in the Central center because of large call volume.

Other Operational Costs. Telecommunications, technology, staff training and limited local marketing costs are projected individually for each center based on current experience of the pilots plus the experience of other 2-1-1 systems nationwide.

Other Costs. An indirect cost rate of 12% of total costs is used to cover other costs unknown at this time.

System-wide Costs. *S*even full-time system-level staff are included: executive director; director of system development; director of marketing; database manager' web manager; two administrative assistants plus fringe benefits, marketing; training and indirect costs of 12%.

System-wide Functions

The primary functions to be carried out at the system level are resource development (fund-raising, government relations and business development), marketing, database and website development and management and system development and operations, including technical support for the regional centers.

Annual costs are projected at $1,274,000:

Salaries and benefits	$ 381,875
Marketing	135,000
Training	35,000
All other costs (12%)	120,000
Total	***$671,875***
Five-Year Total	***$4,014,465***

Regional Centers

The following projections are based on the assumptions above. "2-1-1 Service" includes salaries; benefits and training costs for call specialists, resource specialists and management staff. "Telecommunications" includes all telecommunications and technology costs. "Regional Marketing" includes costs for locally based marketing that will complement the statewide effort. "All Other Expenses" is computed as 12% of the total of the other categories.

Central Maryland

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2-1-1 Service	888,358	1,035,137	1,191,166	1,262,696	1,327,021	5,704,377
Telecommunications	82,647	95,185	107,717	111,568	115,612	512,729
Regional Marketing	8,000	8,000	8,000	8,000	8,000	40,000
All Other Expenses	119,161	138,279	158,506	167,552	175,756	759,253
Total	**1,098,165**	**1,276,601**	**1,465,389**	**1,549,816**	**1,626,389**	**7,016,359**

Western Maryland

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2-1-1 Service	307,486	347,119	387,719	410,666	424,524	1,877,515
Telecommunications	29,764	34,313	37,836	39,382	40,312	181,608
Regional Marketing	8,000	8,000	8,000	8,000	8,000	40,000
All Other Expenses	41,430	46,732	52,027	54,966	56,740	251,895
Total	**386,680**	**436,164**	**485,582**	**513,014**	**529,577**	**2,351,017**

National Capitol Area (North)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2-1-1 Service	450,049	529,294	604,255	633,233	656,413	2,873,244
Telecommunications	42,681	48,487	54,165	55,843	57,592	258,768
Regional Marketing	4,000	4,000	4,000	4,000	4,000	20,000
All Other Expenses	59,608	69,814	79,490	83,169	86,161	378,242
Total	**556,337**	**651,595**	**741,910**	**776,246**	**804,166**	**3,530,254**

National Capitol Area (South)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2-1-1 Service	648,725	713,339	777,627	800,694	832,076	3,772,462
Telecommunications	50,234	54,235	58,539	60,881	63,339	287,228
Regional Marketing	4,000	4,000	4,000	4,000	4,000	20,000
All Other Expenses	84,355	92,589	100,820	103,869	107,930	489,563
Total	**787,315**	**864,163**	**940,986**	**969,444**	**1,007,344**	**4,569,252**

Eastern Shore

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
2-1-1 Service	287,848	325,153	360,410	372,956	392,662	1,739,029
Telecommunications	27,852	30,830	33,755	34,622	35,527	162,586
Regional Marketing	9,000	9,000	9,000	9,000	9,000	45,000
All Other Expenses	38,964	43,798	48,380	49,989	52,463	233,594
Total	**363,664**	**408,781**	**451,545**	**466,568**	**489,652**	**2,180,210**

APPENDIX E: CONNECTICUT 2-1-1

Overview

Connecticut provides an excellent example of how 2-1-1 can be become a significant asset for state government. There, *2-1-1 InfoLine (www.211infoline.org)*, a single statewide call center operated by United Way of Connecticut has become a cost-effective, flexible service partner of government in two distinct ways.

First, *2-1-1 InfoLine* expands the Connecticut state government's capacity to deliver effective services, providing:

- Around-the-clock response by state social workers—police and other mandated reporters call 2-1-1 after hours – for the Protective Services for the Elderly Program;
- A call point for a new consumer office in the Office of Managed Care Ombudsman;
- An I&R call center – and care coordination – for HUSKY Plan (Healthcare for Uninsured Kids & Youth), 1-877-CT-HUSKY;
- Post-welfare service outreach and service referral to families after 60-month federal (and 21-month state) cutoff in Temporary Family Assistance**;**
- Counseling for parents in choosing quality child care, locating openings, and getting help with payments; and
- A statewide database of community resources, and reports to government agencies on customer service barriers and human service needs.

Second, *2-1-1 InfoLine* helps Connecticut state government communicate by serving as an easy-to-remember response point, staffed by highly-trained, specialized call specialists with a passion for telephone customer service, for government media campaigns, news releases, service changes:

- Department of Social Services used 2-1-1 as access point for publicity about winter heating assistance, 'summer cooling' program, changes to children's health insurance;
- Department of Public Health used 2-1-1 as response point for media campaigns for breast cancer early detection, youth violence prevention, and teen pregnancy prevention; and
- Department of Children & Families used 2-1-1 as response point for media campaigns promoting healthy parenting practices.